IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Applicant	ι:
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KNAPPIK et al.

PROTEIN (POLY) PEPTIDE

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Prior Appl. No.:

09/025,769

Prior Appl. Filing Date: 2/18/1998

Examiner:

Unassigned

Art Unit:

Unassigned

CONTINUING PATENT APPLICATION TRANSMITTAL LETTER

Assistant Commissioner for Patents BOX PATENT APPLICATION Washington, D.C. 20231

Sir:

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Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[X] Division [] Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- Specification, Claim(s), and Abstract (225 pages).
- Informal drawings (204 sheets, Figures 1-40). [X][X]
- Declaration and Power of Attorney (4 pages). [X]
- Assignment of the invention to MORPHOSYS AG. []
- Assignment Recordation Cover Sheet. []
- Check in the amount of \$40.00 for Assignment recordation. []
- Small Entity statement. []

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- [] Information Disclosure Statement.
- [] Form PTO-1449 with copies of listed reference(s).

The filing fee is calculated below:

	Claims as Filed		ncluded i Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee	•						\$690.00		\$690.00
Total Claims:	6	-	20	=	0	×	\$18.00	=	\$0.00
Independents:	1		3	_ = :	0	×	\$78.00	= '	\$0.00
If any Multiple D	Dependent C	Claim(s) present	::		+	\$260.00	= '	\$0.00
							SUBTOTAL:	=	\$690.00
[]	Small	Enti	ty Fees	Apply	/ (subtrac	ct 1/2	of above):	=	\$0.00
					TOT	AL F	ILING FEE:	= .	\$690.00

- [X] A check in the amount of \$690.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X]The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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